

# OUR LIVES

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Social Futures and Life Pathways  
of Young People in Queensland:  
A Longitudinal Project



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

Pantone 564C

Black

CHECK GO TO!!



**A2.** In thinking about yourself and your future, how **IMPORTANT** are each of the following goals to you?

	Not very important	Not important	Somewhat important	Important	Very important
To set my own goals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To be more self confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To be a good person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have time to think about myself and my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have a sense of achievement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To find meaning in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have a sense of self respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A3.** In thinking about yourself and your future, how **IMPORTANT** are each of the following goals to you?

	Not very important	Not important	Somewhat important	Important	Very important
To leave school as soon as I can	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To do a trade or apprenticeship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To go on to TAFE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To go on to university	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A4.** In thinking about yourself and your future, how **IMPORTANT** are each of the following goals to you?

	Not very important	Not important	Somewhat important	Important	Very important
To get a job as soon as possible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job with good career prospects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To work in a job that interests me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job that's close to where I now live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job that helps other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job that allows me to make lots of money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have enough money to do what I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A5. How much do the following people INFLUENCE your decisions about your future?**

*N/A means Not Applicable – for example, if you don't have a brother or sister, etc.*

	↓ Never	↓ To some extent	↓ A lot	↓ N/A
Mother or female carer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Father or male carer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Grandparents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A brother or sister	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Friend/s	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Teacher or School Counsellor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**A6. How TRUE are the following statements for you? I am VERY SURE about . . .**

	↓ Not true at all	↓ Slightly true	↓ Somewhat true	↓ Quite true	↓ Very true
The kind of occupation I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The values I believe in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What roles men and women should play	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of friends I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of person I want to be	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of relationships I want with my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of person I want as my partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Next, we'd like to ask you about your high school studies...**

**A7. Are you currently doing a Queensland Certificate of Education (QCE), a Queensland Certification of Individual Achievement (QCIA), or something else?**

Queensland Certificate of Education (may include Vocational Education and Training (VET) courses)	<input type="checkbox"/> 1 → Go to A7a
Queensland Certificate of Individual Achievement	<input type="checkbox"/> 2
Vocational Education and Training (VET) course not contributing to QCE	<input type="checkbox"/> 3 → Go to A8
Paid employment	<input type="checkbox"/> 4
Something else ( <i>please specify</i> )	<input type="checkbox"/> 5

**A7a.** What are you mainly doing for your Queensland Certificate of Education in years 11 and 12?

Please select one option only

- School subjects (e.g. Maths A, B or C, English, Physics, Accounting)  1
- Vocational education and training subjects at school (e.g. TAFE subjects)  2
- School-based traineeship or apprenticeship that may include on-the-job training  3
- Other (please specify)  4

**We'd now like to ask some questions about your career plans...**

**A8.** If you could have ANY JOB as an adult, what would you LIKE it to be?

Please write a specific job title only – if you are unsure write 'don't know'

**A9.** At the back of this survey booklet is a list containing 10 broad categories and examples of jobs in each category. Please choose the category that BEST DESCRIBES the job you would LIKE to have as an adult.

Select the number of category 1-10

- 1  1
- 2  2
- 3  3
- 4  4
- 5  5
- 6  6
- 7  7
- 8  8
- 9  9
- 10  10

**A10.** Will you work for yourself in your own business, or will you work for someone else?

- Work for self  1
- Work for someone else  2

**A11.** Will you supervise other people in this job (i.e. tell other workers what to do)?

- Yes  1
- No  2

**A12.** How CONFIDENT are you of getting this kind of job?

- Not very confident

 1
- Not confident

 2
- Somewhat confident

 3
- Confident

 4
- Very confident

 5

**A13.** From the list of job categories at the back of the survey booklet, please choose the category that **BEST DESCRIBES** the job that, realistically speaking, you eventually **EXPECT** to get (this can be different from the job you'd like to have).

Select the number of category 1-10

1   
  2   
  3   
  4   
  5   
  6   
  7   
  8   
  9   
  10

**A14.** What job do you think your parents or carers want you to have as an adult?

**A15.** How **CONFIDENT** are you that . . .

	↓ Very confident	↓ Confident	↓ Somewhat confident	↓ Not very confident	↓ Not at all confident
You can get a good education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You can get a job that pays well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You will have a job you will enjoy doing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You will have a happy family life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You will have good friends you can count on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You will earn the respect of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You will achieve whatever you want in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You will have a rewarding and meaningful life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You will have the kind of lifestyle you really want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A16.** During the first 2 years after you leave school, **WHAT** do you plan to do?

Please select all options that apply to you

Work in a paid job	<input type="checkbox"/> 1
Work as an apprentice / trainee	<input type="checkbox"/> 2
Work as a volunteer	<input type="checkbox"/> 3
Attend TAFE	<input type="checkbox"/> 4
Attend university	<input type="checkbox"/> 5
Travel within Australia	<input type="checkbox"/> 6
Travel overseas	<input type="checkbox"/> 7
Join the Army, Navy or Air Force	<input type="checkbox"/> 8
Take a year off	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 10
Don't know	<input type="checkbox"/> 11

**And now, about your future family plans...**

**A17.** On a scale of 1 to 10, how strongly do you feel about having children later in life?  
The more you want to have children, the higher the number you should select.

Definitely do not want to have children	1	2	3	4	5	6	7	8	9	10	Definitely want to have children
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	

**A18.** What would you consider an ideal number of children to have?

*If none, please enter "0"*

a. Number of boys

b. Number of girls

**A19.** Thinking about the kind of person you would like to marry, how **IMPORTANT** are the following things?

	Not very important	Not important	Somewhat important	Important	Very important
They are from the same country as you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They are Australian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They share your religious beliefs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They are from the same culture as you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They are the same race as you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
You love each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They are financially successful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They are well-educated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A20.** **WHEN** did you make up your mind about the following things?

	In primary school	In Year 8	In Year 9	In year 10	In year 11	This year	Still undecided
What you'll do after you leave school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
What kind of job you want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
What level of education you want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How many children you want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
What kind of partner you want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**A21.** How important are the following to your *FUTURE HAPPINESS*?

	Not very important	Not important	Somewhat important	Important	Very important
Getting married	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supporting your parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having really good friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning a trade	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Getting a university degree	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Making lots of money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working in a job that really interests you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a strong sense of achievement in your life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being able to choose the kind of life you want to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being involved in your religion/spirituality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being involved in community or volunteer work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## SECTION B: ISSUES AND INTERESTS

**B1.** How many *HOURS PER WEEK*, on average, do you spend doing the following?

	None	1-3 hours	4-6 hours	7-9 hours	10 or more hours
Using the internet to email or chat with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using the internet to help with your homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using the internet for other things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing chores at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hanging out with friends outside of school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Watching TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing computer games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Participating in a community group (e.g. Scouts, charity, church group)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Listening to music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading books for fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working in a part-time job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working in a full-time job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



**B2. How often, on average, do you participate in the following school-based activities?**

	Everyday	Several times a week	At least once a week	Less than once a week	Never
School sport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Band, music or choir	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hobby & interest groups (e.g. debating, performing arts, chess)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B3. How often, on average, do you participate in the following activities outside of school?**

	Everyday	Several times a week	At least once a week	Less than once a week	Never
Non-school sport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Religious or church youth group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Private academic lessons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Private music lessons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Performing arts or arts & crafts lessons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Community / volunteer work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hobby or interest groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B4. When did you last attend or take part in the following events or activities?**

	Within last week	Within last month	Within last 6 months	Within last year	Never
Visited public library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Visited museum or art gallery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Attended performing arts (e.g. play or dance performance) or classical music event	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Attended live music concert	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Went to the movies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Attended a sporting event	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B5. How OFTEN do your parents or carers do the following?**

	Never	Rarely	Sometimes	Often
Check if you have done your homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Help you with your homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Give you special privileges because of good grades	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Limit privileges because of poor grades	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Require you to do work or chores around the home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Limit the amount of time you can spend watching TV or playing video games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Limit the amount of time you go out with friends on school nights	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B6. How IMPORTANT are the following factors in succeeding at school?**

	Not very important	Not important	Somewhat important	Important	Very important
Working hard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your own abilities and talents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Competing with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Positive attitude towards school work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing what teachers want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being quick to adopt new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being popular with other pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having rich parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a supportive family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having good habits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having highly-educated parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**SECTION C: POLITICS, CULTURE & SOCIETY**

**C1. Here are some statements about current cultural and political issues. Please indicate how strongly you agree or disagree with each of the following statements.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Australia should take in more migrants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Migrants should adapt to the Australian way of life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Same-sex couples should be allowed to legally marry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Women should be allowed to have an abortion if they want one	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Global warming is a serious threat to Australia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The planet is warming because of human activity producing greenhouse gases	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
All boats carrying asylum seekers should be turned back	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**C2.** How much do you agree or disagree with each of the following statements about environmental practices?

	Strongly agree	Agree	Disagree	Strongly disagree
It is important to carry out regular checks on the emissions from cars as a condition of their use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It disturbs me when energy is wasted through the unnecessary use of electrical appliances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am in favour of having laws that regulate factory emissions even if this would increase the price of products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
To reduce waste, the use of plastic packaging should be kept to a minimum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Industries should be required to prove that they safely dispose of dangerous waste materials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am in favour of having laws that protect the habitats of endangered species	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Electricity should be produced from renewable sources as much as possible, even if this increases the cost	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**C3.** On a scale of 1 to 10, where 1 is don't believe at all and 10 is completely convinced, how convinced are you that climate change (or global warming) is actually happening?

Don't believe
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
Completely convinced

**C3a.** Scientists are increasingly able to use genetic information for many different things. How do you feel about the following applications of genetic technologies?

	Never acceptable	Sometimes acceptable	Neutral	Usually acceptable	Always acceptable
To test whether an unborn baby has a genetic deficiency or disability e.g. Down's Syndrome or deafness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To reveal a person is at risk of developing serious health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To produce crops with enhanced characteristics e.g. drought resistance, better taste, greater nutritional value	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To produce farm animals with enhanced characteristics e.g. improved health, better yield of meat, eggs, milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In allowing couples to choose characteristics in their future children such as height and intelligence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**C4. There are different opinions about the effects that immigrants have on Australia. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Immigrants increase the crime rate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Immigrants are generally good for Australia's economy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Immigrants take jobs away from people who are born in Australia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Immigrants make Australia more open to new ideas and culture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**C5. How much do you agree or disagree with each of the following statements about marriage?**

	Strongly agree	Agree	Disagree	Strongly disagree
Some equality in marriage is okay, but by and large, the man should have the main say	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A husband's job is more important than a wife's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It isn't always possible, but ideally the wife should do the cooking and the housekeeping and the husband should provide the family with money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
For a woman, taking care of the children is the main thing, but for a man his job is	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Men should make the really important decisions in the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A man should help in the house, but housework and child care should mainly be a woman's job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**C6. Thinking about Australian political parties, would you consider yourself a supporter of the Labor party, Liberal party, National party or some other party?**

*Please select one option only*

Labor (ALP)	<input type="checkbox"/> 1
Liberal	<input type="checkbox"/> 2
National	<input type="checkbox"/> 3
Australian Democrat	<input type="checkbox"/> 4
Green	<input type="checkbox"/> 5
Family First	<input type="checkbox"/> 6
Other party (please specify)	<input type="checkbox"/> 7
<input style="width: 100%; height: 20px;" type="text"/>	
Not a supporter of any party	<input type="checkbox"/> 8

**C7.** People sometimes talk about what kind of 'class background' they come from.  
Do you see yourself as belonging to a 'social class'?

- Yes  1
- No  2
- Don't know  3

**C8.** If you answered 'yes', which social class would you say you belong to?

*Please select one option only*

- Upper  1
- Middle  2
- Working  3
- Lower  4

## SECTION D: TECHNOLOGY

**D1.** How many COMPUTERS (desktops and laptops) are there in your home?

- 0  0    1  1    2  2    3  3    4  4    5 or more  5

**D2.** Do you have your own mobile phone?

- Mobile phone with internet access  1
- Mobile phone with no internet access (able to make calls and SMS only)  2
- No mobile phone  3

**D3.** Overall, how often do you use the internet (anywhere)?

- Several times a day  1
- About once a day  2
- Several times a week  3
- About once a week  4
- Less often  5
- Never  6
- Don't know  7

**D4.** On a typical day, how much of your time do you spend on the internet?

- No time spent on internet  1
- Up to 30 minutes  2
- Up to 1 hour  3
- Up to 3 hours  4
- Up to 5 hours  5
- More than 5 hours  6
- Don't know  7

**D5. How good are you at using the internet? Do you think you are...**

- |              |                          |   |
|--------------|--------------------------|---|
| Beginner     | <input type="checkbox"/> | 1 |
| Intermediate | <input type="checkbox"/> | 2 |
| Advanced     | <input type="checkbox"/> | 3 |
| Expert       | <input type="checkbox"/> | 4 |
| Don't know   | <input type="checkbox"/> | 5 |

**D6. Thinking about the different ways you use the internet, do you ever...**

- |  | Yes<br>↓                   | No<br>↓                    |
|--|----------------------------|----------------------------|
| Look online for health, dieting or physical fitness information  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Go online to get news or information about current events  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Use social networking sites such as Myspace and Facebook   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Go online to get information about TAFE, university, traineeships / apprenticeships you are thinking about undertaking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Watch a video on a video-sharing site like YouTube   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Download media content such as movies, TV shows, music or podcasts, to watch or listen to at a later time              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Play online computer or videogames   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Use online banking   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Shop for products online   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**D7. Thinking about all the different ways you socialise or communicate with your friends, how often do you . . .**

- |   | Everyday<br>↓              | Several<br>times a<br>week<br>↓ | At least<br>once a<br>week<br>↓ | Less than<br>once a<br>week<br>↓ | Never<br>↓                 |
|---|----------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------|
| Spend time with friends, in person, doing social activities outside of school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |
| Talk to friends on home telephone   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |
| Send text messages to each other  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |
| Talk to friends on a mobile phone   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |
| Send instant messages to each other   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |
| Send email to each other  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |
| Send messages through social networking sites like MySpace or Facebook        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |
| Chat to each other in an online computer or video game                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2      | <input type="checkbox"/> 3      | <input type="checkbox"/> 4       | <input type="checkbox"/> 5 |

# SECTION E: YOUR FRIENDS AND PERSONAL NETWORKS

Next, we would like to ask some questions about your family.

### E1. Which of the following **BEST DESCRIBES** your present situation?

Please read the full list before selecting one only

- 1 I live with both my (biological or adoptive) mother and father
- 2 I live with my father and stepmother (or other female adult) all or most of the time
- 3 I live with my mother and stepfather (or other male adult) all or most of the time
- 4 I live with my father alone all or most of the time
- 5 I live with my mother alone all or most of the time
- 6 I fairly equally share living with my father and mother who are divorced or separated
- 7 I live with other adult guardians
- Other. Please explain:   8

### E2. How many of each of the following people, *in addition to your parents or carers*, live with you, that is in the house where you spend most of your time?

If none, please enter "0" for a particular category

	Number
Brothers or step-brothers	<input type="text"/>
Sisters or step-sisters	<input type="text"/>
Grandfather or grandmother	<input type="text"/>
Uncles or aunts	<input type="text"/>
Other relatives	<input type="text"/>
Non-relatives	<input type="text"/>

### E3. In total, how many people, besides you, live in the same house with you?

### E4. Are you . . .

Please select one option only

- 1 The oldest
- 2 The youngest
- 3 Somewhere in the middle
- 4 An only child

**And now some questions about your friends and personal networks.**

**E5. How CONFIDENT are you that the following people won't let you down?**

	Very confident	Confident	Somewhat confident	Not very confident	Not at all confident
Your parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your best friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your brothers and sisters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E6. How much TRUST do you have in:**

	A great deal of trust	Quite a lot of trust	Not very much trust	None at all
Your school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
What you see on television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
What you see on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Politicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Religious leaders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Groups that are working to protect the environment (e.g. Greenpeace, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Well known sporting figures	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Music, film and TV celebrities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Australian Government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Courts and the legal system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Banks and financial institutions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Universities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
What you hear on radio or read in newspapers / magazines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People of another religion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People from another country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**E7. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?**

*Please select one option only*

Most people can be trusted	<input type="checkbox"/> 1
Can't be too careful	<input type="checkbox"/> 2

**E8. Apart from family members, how MANY friends do you have?**

	None	1-3 friends	4-6 friends	7-9 friends	10+ friends
Close friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Friends in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



**E9. Thinking about the very best friend you have, not including family members or your boyfriend / girlfriend . . .**

How old is your best friend?   years old.

Is your best friend:  
 Male  1  
 Female  2

**E10. What CULTURE do they come from?**

**E11. What COUNTRY were they born in?**

- Australia  1
- New Zealand  2
- United Kingdom  3
- China  4
- Vietnam  5
- Philippines  6
- India  7
- Hong Kong  8
- Korea, Republic of (South)  9
- Other (*please specify*)  10

**E12. Have the following events ever HAPPENED to you?**

	Never	Within the last 6 months	Within the last year	More than a year ago
Changed schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Separation / divorce of your parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Serious health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Friendship problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bullied by other kids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Received poor grades at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Family problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Parent / carer remarried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fell in love	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Got into trouble at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Broke up with boyfriend / girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Death of a family member or friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CHECK GO TO!!

**E13.** To what extent do you AGREE or DISAGREE with the following?

	Strongly disagree	Mildly disagree	Neither agree nor disagree	Mildly agree	Strongly agree
My life is going well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My life is just right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I would like to change many things in my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I wish I had a different kind of life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have a good life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have what I want in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E14.** All in all, how happy are you with your life these days? Please answer on a scale of 1 to 10. The happier you are, the higher the number you should select.

1  2  3  4  5  6  7  8  9  10

Extremely unhappy Extremely happy

## SECTION F: ABOUT YOU

**F1.** Are you...

Male  1

Female  2

**F2.** What is the MAIN LANGUAGE spoken at home?

Please select one only

English **only**  1

English plus **other** (specify other)  2

Other (specify)  3

**F3.** How IMPORTANT are the following for you?

	Not very important	Not important	Somewhat important	Important	Very important
Being a member of your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being a part of your local community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being a member of your school community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being a Queenslander	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being Australian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being a part of the global community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**F4. What is your religion or faith?**

Please select one option only

No religion  1

**Christian religions:**

Anglican (Church of England)  2

Baptist  3

Catholic  4

Lutheran  5

Greek Orthodox  6

Other Orthodox  7

Presbyterian / Reformed  8

Uniting Church  9

Other Christian religion:  10

(please specify)

**Other religions:**

Buddhism  11

Hinduism  12

Islam  13

Judaism  14

Other non-Christian religion:  15

(please specify)

**F5. On a scale from 1 to 10, how important is religion in your life? The more important it is, the higher the number you should select.**

Not at all important in my life	1	2	3	4	5	6	7	8	9	10	Most important thing in my life
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	

**F6. What was the HIGHEST level of education your parents or carers EVER ACHIEVED?**

Please answer for parents or carers with whom you live most of the time

	Mother or carer	Father or carer
Less than Year 12 Certificate	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Year 12 Certificate	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Completed a trade qualification like a diploma, certificate or apprenticeship	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Completed a university bachelors degree	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Completed post-graduate University study (e.g. Masters, PhD)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**F7. LAST WEEK, what were your parents or carers MAINLY doing?**

Please answer for parents or carers with whom you live most of the time

	Mother or carer	Father or carer
Working full-time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Working part-time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Unemployed / looking for work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Domestic duties	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Studying	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**F8.** Do your parents or carers receive a Government pension, benefit or allowance because they are retired or unable to work for some reason?

	Mother or carer	Father or carer
Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
No	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**F9.** The place where you live ***MOST OFTEN***, is:

Owned	<input type="checkbox"/> 1
Rented	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3

**F10.** What is your father's / carer's ***CURRENT*** occupation?

*Please indicate a specific job title - if they are not working state what they are mainly doing  
If you are unsure write 'don't know'*

**F11.** From the list of job categories at the back of the survey booklet, please choose the category that ***BEST DESCRIBES*** your father's / carer's ***CURRENT*** occupation.

*Select number of category 1-10*

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	Not working	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

**F12.** Who does (did) your ***FATHER / CARER*** work for?

Owens his own business and works on his own	<input type="checkbox"/> 1
Owens his own business with people working for him	<input type="checkbox"/> 2
Works for somebody else	<input type="checkbox"/> 3
Don't know	<input type="checkbox"/> 4

**F13.** Does (did) your ***FATHER / CARER*** tell other people what to do at work?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3

**F14. What is your mother's / carer's CURRENT occupation?**

Please indicate a specific job title - if they are not working state what they are mainly doing  
If you are unsure write 'don't know'

**F15. From the list of job categories at the back of the survey booklet, please choose the category that BEST DESCRIBES your mother's / carer's CURRENT occupation.**

Select number of category 1-10

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	Not working	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

**F16. Who does (did) your MOTHER / CARER work for?**

Owns her own business and works on her own	<input type="checkbox"/> 1
Owns her own business with people working for her	<input type="checkbox"/> 2
Works for somebody else	<input type="checkbox"/> 3
Don't know	<input type="checkbox"/> 4

**F17. Does (did) your MOTHER / CARER tell other people what to do at work?**

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3

**F18. How many YEARS have you attended your current school?**

		years
--	--	-------

**F19. Thinking about how well you do at school, are you:**

An excellent student	<input type="checkbox"/> 1
A very good student	<input type="checkbox"/> 2
A good student	<input type="checkbox"/> 3
An average student	<input type="checkbox"/> 4
A poor student	<input type="checkbox"/> 5

**F20.** This year, HOW WELL would other people think you were doing in the following subjects?

	Very Poorly	Poorly	OK	Well	Very Well	N/A
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SOSE / Social Studies / History / Geography	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The Arts (e.g. Music, Drama, Dance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**F21.** How HARD do you WORK in the following subjects?

	Not at all	A little	A fair bit	Very hard	N/A
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SOSE / Social Studies / History / Geography	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The Arts (e.g. Music, Drama, Dance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**F22.** How well does each of the following statements describe you on a scale from 1 to 9 where 1 means the statement doesn't describe you at all, and 9 means the statement describes you very well.

	Not at all	1	2	3	4	5	6	7	8	9	Very well
I'm considered exceptionally or unusually intelligent		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	
I'm considered a very "brainy", scholarly person		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	
I'm considered extremely "gifted" or talented at academic things		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	
My school grades have usually been near the top of every class		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	

**F23.** What is the NAME of your school?

## SECTION G: ONGOING CONTACT

**Please update your contact details, these will be used to get in touch with you for Wave Four of Our Lives in 2 years time, and also to contact you if you are successful in the prize draw!**

**Your contact details:**

*Please print clearly*

First name:

Last name:

Email Address:  @

Mobile number:  (please enter 10 digits)

Street address:

Suburb:  State / Territory:

Post code:

Home Phone number: (  )  (please enter 10 digits including area code)

**Contact details of one of your parents or carers:**

First name:

Last name:

**As above**

Street address:

Suburb:  State / Territory:

Post code:

Email Address:  @

Mobile number:  (please enter 10 digits)

Home Phone number: (  )  (please enter 10 digits including area code)

**Thank you for completing Wave 3 of the Our Lives survey.  
Please return the form in the envelope (no stamp required) to  
Our Lives Project Reply Paid 83628 HAWTHORN VIC 3122**

## List of Job Categories for Questions A9, A13, F11 and F15

<Barcode>

### Senior executives & elected officials

- 1**
- Politician, judge, magistrate, coroner
  - General manager/Chief Executive Officer, senior manager of large organisation
  - Senior manager in public service, regional director, health services manager, school principal
  - Commissioned officers in Defence Forces (i.e. Lieutenant, Captain, Major)

### Business owners & managers

- Bank manager, finance/insurance broker, stockbroker/trader, investment adviser
- Sales and marketing manager, production manager, project manager/administrator
- Owner/manager of: shop, restaurant, crop and/or livestock farm, manufacturing company, transport company, real estate agency
- Construction project manager, project builder

**2**

### Writers, artists & professional sports persons

- 3**
- Journalist, publisher/author, musician, actor, dancer, painter, photographer.
  - Sportsman/woman, coach, trainer, sports official

### Professionals

- Architect, engineer, urban/regional planner
- School teacher/university lecturer, librarian
- Social worker, Counsellor, psychologist, nurse, doctor (GP), dentist, optometrist, veterinarian
- Computer programmer/designer
- Lawyer/barrister/solicitor
- Scientist (chemist, physicist, botanist, zoologist, social scientist)
- Business consultant, accountant, tax agent
- Pilot, air traffic controller, ship captain/officer

**4**

### Technicians, designers & officers

- 5**
- Construction supervisor, architectural/engineering design draftsman
  - Designer (interior, fashion, graphic)
  - Computing support technician, dental technician, technical sales representative
  - Senior non-commissioned Defence Forces officer (i.e. Sergeant, Petty Officer), police officer, ambulance officer, welfare/parole officer, fire fighter, safety inspector, health worker

### Tradespersons

- Fitter/turner, welder, aircraft mechanic, locksmith
- Hairdresser, jeweller, dressmaker, florist
- Plumber, electrician, bricklayer, auto-mechanics, panel beater, carpenter, painter, signwriter
- Butcher, baker, chef, animal trainer
- Driller, power plant operator

**6**

### Senior clerical, sales & service workers

- 7**
- Office/bank clerk, bookkeeper, insurance agent, real estate agent, government inspector (customs, tax, licenses, transport), secretary
  - Sales representative, travel agent, flight attendant, postal delivery/courier, beautician, fitness instructor
  - Childcare worker, aged/disabled person care worker

### Assistants, aides & hospitality workers

- Sales assistant, checkout operator, cashier, motor vehicle/parts salesman, other sales staff
- Typist, receptionist, dental assistant, veterinary nurse, education aide, nursing assistant
- Hospitality industry staff, waiter, bar staff
- Trades assistant, animal carer, home helper, housekeeper, cook, kitchenhand

**8**

### Drivers, miners & machinery operators

- 9**
- Truck/train/bus driver, taxi driver, delivery driver
  - Miner, dragline operator, heavy machinery operator, bulldozer/bobcat/loader operator

### Process workers & other labourers

- Defence Forces employee not included above
- Factory hands, process workers, product packagers, railway labourer, construction worker, freight handler
- Farmhand, gardener, fisherman, forestry worker
- Cleaner, caretaker, storeman, garbage collector

**10**

Barcode

